

# Mpox

Multi-country external situation report no. 41, published 26 October 2024

| KEY FIGURES   |                                    |  |                                    |  |
|---|------------------------------------|--|------------------------------------|--|
| Reporting period: 01 January 2022 – 30 September 2024         |                                    |  |                                    |  |
| Area  | Number of reported confirmed cases | Number of deaths among confirmed cases | Number countries reporting cases   |  |
| Global  | 109 699                            | 236                                    | 123                                |  |
| Reporting period: 01 January – 20 October 2024                |                                    |  |                                    |  |
| Area  | Number of reported confirmed cases | Number of deaths among confirmed cases | Number of reported suspected cases | Number of deaths among suspected cases |
| Africa  | 9320                               | 34                                     | 43 799                             | 1012                                   |
| Democratic Republic of the Congo <sup>1</sup>                 | 7534                               | 25                                     | 35 925                             | 1006                                   |
| Burundi <sup>1</sup>  | 1287                               | 0                                      | NA <sup>2</sup>                    | NA <sup>2</sup>                        |
| Reporting period: last 6 weeks, 2 September – 20 October 2024 |                                    |  |                                    |  |
| Africa  | 2881                               | 2                                      | 15 144                             | 235                                    |
| Democratic Republic of the Congo <sup>1</sup>                 | 1743                               | 0                                      | 12 600                             | 235                                    |
| Burundi <sup>1</sup>  | 902                                | 0                                      | NA <sup>2</sup>                    | NA <sup>2</sup>                        |

## Highlights

- In September 2024, the last month for which complete global surveillance data is available, 2763 confirmed mpox cases were reported. This is the highest number of cases since November 2022 and marks an increasing trend in the number of reported confirmed mpox cases globally, driven by the increase in the African Region, followed by the Western Pacific Region.
- Outside Africa, the highest number of confirmed cases in September 2024 was reported by Australia. The country is currently experiencing an increasing outbreak of clade IIb MPXV, affecting mainly men who have sex with men and are infected through sexual contact.
- The rise in mpox cases in Africa is driven by the Democratic Republic of the Congo, Burundi, and an expanding outbreak in Uganda.
- As of 20 September 2024, Clade Ib monkeypox virus (MPXV) has been detected in six provinces in the Democratic Republic of the Congo: South Kivu, North Kivu, Kinshasa, Kasai, Tshopo and Tanganyika.
- In the Democratic Republic of the Congo, the number of new mpox cases continues to rise in South Kivu province, where clade Ib is spreading and making it the most affected province in the country. The spread is driven by close interpersonal human-to-human contact, including sexual contact and direct close contact in households and communities. The increase in cases is uneven within the province, with a few hotspots driving transmission. While the initial phase of the clade Ib epidemic in eastern Democratic Republic of the Congo was mostly affecting adults, as clusters expand in the community, the epidemic is affecting both adults and children, reflecting wider community transmission through close contact.

<sup>1</sup> In some countries, suspected cases that undergo testing are not removed from the overall count of suspected cases, regardless of whether the test result is positive (confirmed case) or negative (discarded case).

<sup>2</sup> The vast majority (>95%) of mpox suspected cases in Burundi are tested hence only confirmed cases are reported.

- In Kinshasa, the capital of the Democratic Republic of the Congo, where both clade Ia and clade Ib are co-circulating, the epidemic is expanding too. Adults are disproportionately affected, although there are reports of infections across all age groups.
- Further details about the epidemic dynamics in the Democratic Republic of the Congo can be found in the [WHO mpox surveillance report](#), now displaying subnational level trends for the country.
- In neighbouring Burundi, where the epidemic is also presumed to be driven by clade Ib, 182 cases were reported last week, compared to 134 the previous week and 157 the week before. The epidemic remains largely concentrated in- and around Bujumbura, with two main age groups being affected, similar to what is observed overall in South Kivu (young children <5 years and young and middle-aged adults), suggesting similar epidemic dynamics.
- The epidemic in Uganda is expanding. It is presumed to be driven by clade Ib predominantly affecting adults and there is documented transmission that involved sexual contact and sex workers.
- Zimbabwe reported its first two mpox cases, in a person with travel history to South Africa and in a person with travel history to Tanzania. Clade information is not yet available for these cases.
- The first mpox deaths were reported in Kenya (one) and in Uganda (one). Both cases were adults living with HIV, and although clade information for the specific cases is not yet available, they are likely to be clade Ib MPXV.
- Germany reported the first mpox case due to clade Ib MPXV in a person with travel history to an affected African country.
- A rise in reported cases has also been observed in Côte d'Ivoire, where only clade IIa MPXV was detected in 2024.
- This report includes the description of the mpox literature repository and the summary of the latest WHO interim guidance for mpox in school settings.

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## Contextual description

This report provides an update on:

- The global mpox epidemiological situation, as of **30 September 2024**. Global surveillance data is collected monthly and September is the last month for which complete data is available.
- The epidemiological situation for mpox in Africa (including countries in the WHO African Region and some countries in the WHO Eastern Mediterranean Region), with data as of **20 October 2024**.

The latest mpox updates can also be found in the [WHO mpox surveillance report](#).

The epidemiological content of the report is based on information from global mpox indicator-based surveillance set up in 2022. This surveillance system collects data mainly on confirmed and probable mpox cases and deaths, reported by Member States (MS) to WHO or reported publicly through official MS resources (web pages, surveillance dashboards, as well as epidemiological and situation reports). Given the limited PCR testing of suspected mpox cases in some settings, WHO has also been reporting suspected mpox cases for countries in Africa, since the declaration of the Public Health Emergency of International Concern (PHEIC) on 14 August, to complement indicator-based surveillance for confirmed and probable cases.

The indicator of suspected cases should be interpreted with caution, as these are recorded according to varying national case definitions, and in some countries, suspected cases that undergo testing are not removed from the overall count of suspected cases, regardless of whether the test result is positive (confirmed case) or negative (discarded case). In the absence of more detailed information, it is currently not possible to correctly subtract confirmed cases from the total number of suspected cases reported; therefore, the confirmed cases represent a subset of suspected cases. Definitions of suspected mpox cases for the Democratic Republic of the Congo and Burundi can be found [here](#).

The summary table at the top of the document includes all reported suspected cases from African countries while the text only describes the trend for the Democratic Republic of the Congo the country with the highest number of reported suspected cases, many of which never get tested.

A summary of the WHO global mpox rapid risk assessment conducted in August 2024 can be found in [Annex 1](#).

## Epidemiological update <sup>3, 4</sup>

### Global monkeypox virus (MPXV) distribution

As of 20 October 2024, the distribution of reported monkeypox virus (MPXV) clades by country of detection is as shown in the map below (Figure 1). This information is compiled from sequencing conducted and shared via different sources, including open-access databases, peer-reviewed publications, reports, as well as direct communication to WHO, including through its Technical Advisory Group on Virus Evolution.

To date, almost all countries outside of Africa have detected only clade IIb MPXV: Sweden, Thailand and Germany have detected one case each of clade Ib MPXV in travellers from Africa, and India has detected one case of clade Ib MPXV in a traveller from the United Arab Emirates (UAE). No case of clade Ib MPXV has been reported in the UAE.

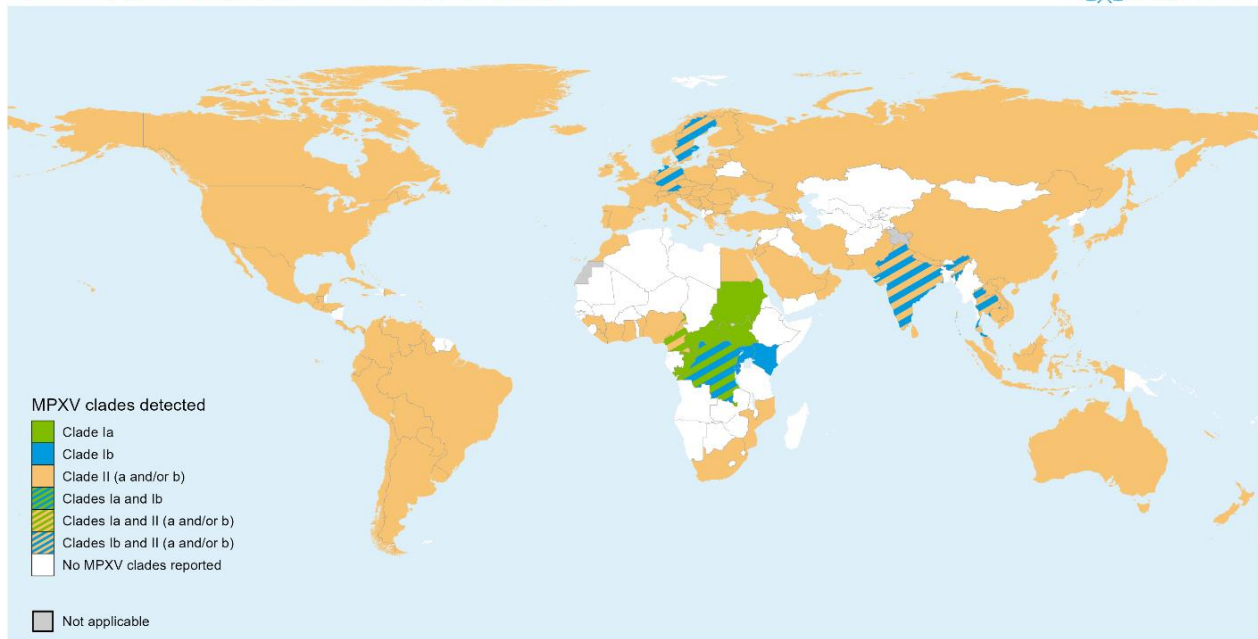
In Africa, all viral clades have been detected: countries in western, northern and southern Africa have reported clade II MPXV, countries in central and eastern Africa have reported clade I MPXV, and Cameroon has reported both clades – clade I in the eastern part of the country and clade II in the west.

To date, clade Ib MPXV in Africa has been detected in the Democratic Republic of the Congo (in South Kivu, North Kivu, Kinshasa, Kasai, Tshopo and Tanganyika provinces), Burundi, Kenya, Rwanda, and Uganda.

**Figure 1.** Geographic distribution of MPXV clades reported to WHO, by country, as of 20 October 2024.

#### MPXV clades detected globally

includes imported cases; known distribution as of 20 Oct 2024



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme  
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### Overview of mpox outbreaks by virus clade

This section provides an overview of the major mpox outbreaks by MPXV subclade. It is not intended to be an exhaustive list of outbreaks in all settings; rather, it highlights the main characteristics of some outbreaks and the affected populations.

<sup>3</sup> On the African continent there are 47 Member States in the WHO African Region and seven in the Eastern Mediterranean Region.

<sup>4</sup> Slight discrepancies in epidemiological data are expected between this report and the WHO Africa Regional Office, Regional Mpox Bulletin due to different reporting dates. The Regional Mpox Bulletin is available in the following link: [Mpox \(monkeypox\) | WHO | Regional Office for Africa](#)

Although there is no documented difference in inherent transmissibility of the different MPXV strains, they are affecting different populations in different settings, resulting in distinct outbreak dynamics.

### **Clade Ia MPXV**

Clade Ia MPXV continues to circulate primarily in the Democratic Republic of the Congo, where it predominantly affects endemic provinces (where mpox cases have been reported for five consecutive years), and in the neighbouring Central African Republic. A few cases were also reported in the Republic of Congo this year, but recent data do not suggest that sustained community transmission is ongoing. Previous genomic sequencing indicated that clade Ia strains typically emerge from zoonotic exposure, while more recent observations suggest that its transmission can also be sustained in human population.<sup>5</sup> Cases in the Democratic Republic of the Congo and Central African Republic involve a higher proportion of children among cases, while in the Republic of Congo, the majority of cases (13 out of 22 cases, 59.1%) are among adults.

### **Clade Ib MPXV**

This strain is predominantly spreading in the eastern provinces of the Democratic of the Congo and neighbouring countries such as Burundi and Uganda. In the Democratic Republic of the Congo, it has been detected in six provinces: South Kivu, North Kivu, Kinshasa, Kasai, Tshopo and Tanganyika. Community transmission of clade Ib is also ongoing in Burundi and Uganda, where it is the only known circulating strain. Sporadic cases and small clusters have also been reported in Kenya and Rwanda, and travel-related cases have been reported in Thailand, Sweden, India and Germany.

A common pattern observed with the spread of clade Ib to new areas is initial transmission among adults through close contact, including sexual contact. However, where initial clusters are not controlled, and as the outbreak progresses and incidence increases, transmission extends within households and communities through close direct contact, leading to a progressive shift in age and sex distribution as the incidence increases within an area. Currently, in several settings affected by clade Ib, the most affected age groups are younger children and younger adults.

The global clade Ib outbreak showed that sexual contact can sustain community transmission of MPXV, but much remains to be understood about transmissibility and sustainability of transmission through non-sexual direct contact. In settings where transmission persists, it is likely driven by a combination of sexual, household, and community contact.

### **Clade IIa MPXV**

In 2024, countries reporting clade IIa MPXV include Guinea, Liberia, and Côte d'Ivoire. Côte d'Ivoire is currently the only country showing sustained community transmission of this clade, with the virus detected in 30 different districts, including the capital, Abidjan. Cases have been reported in both adults and children, with many lacking a known epidemiological link. The modes of transmission are not fully understood, and clade IIa remains the least described in the literature. There is no documented evidence of sexual transmission for this subclade, however, it is likely that all forms of close contact contribute also to the spread of this strain.

### **Clade IIb MPXV**

Most mpox outbreaks outside of Africa are due to clade IIb MPXV, a continuation of the multi-country outbreak that began in 2022. Most regions report circulation of clade IIb lineage B1, though lineage A1 is also circulating in Nigeria and some countries in the Eastern Mediterranean Region. The most affected population continues to be adult men who have sex with men, primarily infected through sexual contact. In instances where other population groups have been infected such as women and children, it has not led to sustained transmission. Australia has seen an unprecedented rising trend in cases in recent months, and Ghana has recently reported cases in West Africa after a long period of no mpox cases.

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<sup>5</sup> APOBEC3 deaminase editing supports human-to-human transmission in escalating Mpox outbreaks of both Clade Ia and Ib in Kinshasa, Democratic Republic of the Congo, July-September 2024 <https://virological.org/t/apobec3-deaminase-editing-supports-human-to-human-transmission-in-escalating-mpox-outbreaks-of-both-clade-ia-and-ib-in-kinshasa-democratic-republic-of-the-congo-july-september-2024/982/1>

## Global trends

This section is a monthly update of the global epidemiological situation, based on the most recent complete information from the mpox global surveillance system, **as of the end of September 2024**. Of note, further details about numbers and trends can be found in the [online WHO dashboard](#), which since this week also contains subnational trends for the Democratic Republic of the Congo.

From 1 January 2022 through 30 September 2024, a total of 109 699 reported confirmed cases of mpox, including 236 deaths, were reported to WHO from 123 countries/territories/areas (hereafter 'countries') in all six WHO Regions (Table 1). The global Case Fatality Rate (CFR) among confirmed cases in this period is 0.2%.

A total of 2763 new confirmed cases were reported in September 2024, an 8% increase from the preceding month, and the highest number of reported monthly cases since November 2022. Most cases in September 2024 were reported from the African Region (63.6%), followed by the Region of the Americas (15.5%), and the Western Pacific Region (12.7%). The African Region shows the highest monthly increase in cases in September 2024, compared to August, at 35%, followed by the Western Pacific Region at 9.3%. The Region of the Americas, European Region, and South-East Asian Regions have seen declines in cases in September, at 32%, 26%, and 6.2% respectively. The number of cases in the Eastern Mediterranean Region remained the same.

**Table 1.** Number of cumulative confirmed mpox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 through 30 September 2024

| WHO Region                   | Total confirmed cases | Total deaths among confirmed cases | New cases reported in August 2024 | New cases reported in September 2024 | Monthly change in cases (%) |
|------------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------|
| Region of the Americas       | 65 877                | 150                                | 632                               | 427                                  | -32.0                       |
| European Region              | 28 176                | 9                                  | 285                               | 211                                  | -26.0                       |
| African Region               | 9 425                 | 54                                 | 1 302                             | 1 756                                | 35.0                        |
| Western Pacific Region       | 4 379                 | 10                                 | 322                               | 352                                  | 9.3                         |
| South-East Asia Region       | 971                   | 11                                 | 16                                | 15                                   | -6.2                        |
| Eastern Mediterranean Region | 871                   | 2                                  | 2                                 | 2                                    | 0.0                         |
| <b>Total</b>                 | <b>109 699</b>        | <b>236</b>                         | <b>2559</b>                       | <b>2763</b>                          | <b>8</b>                    |

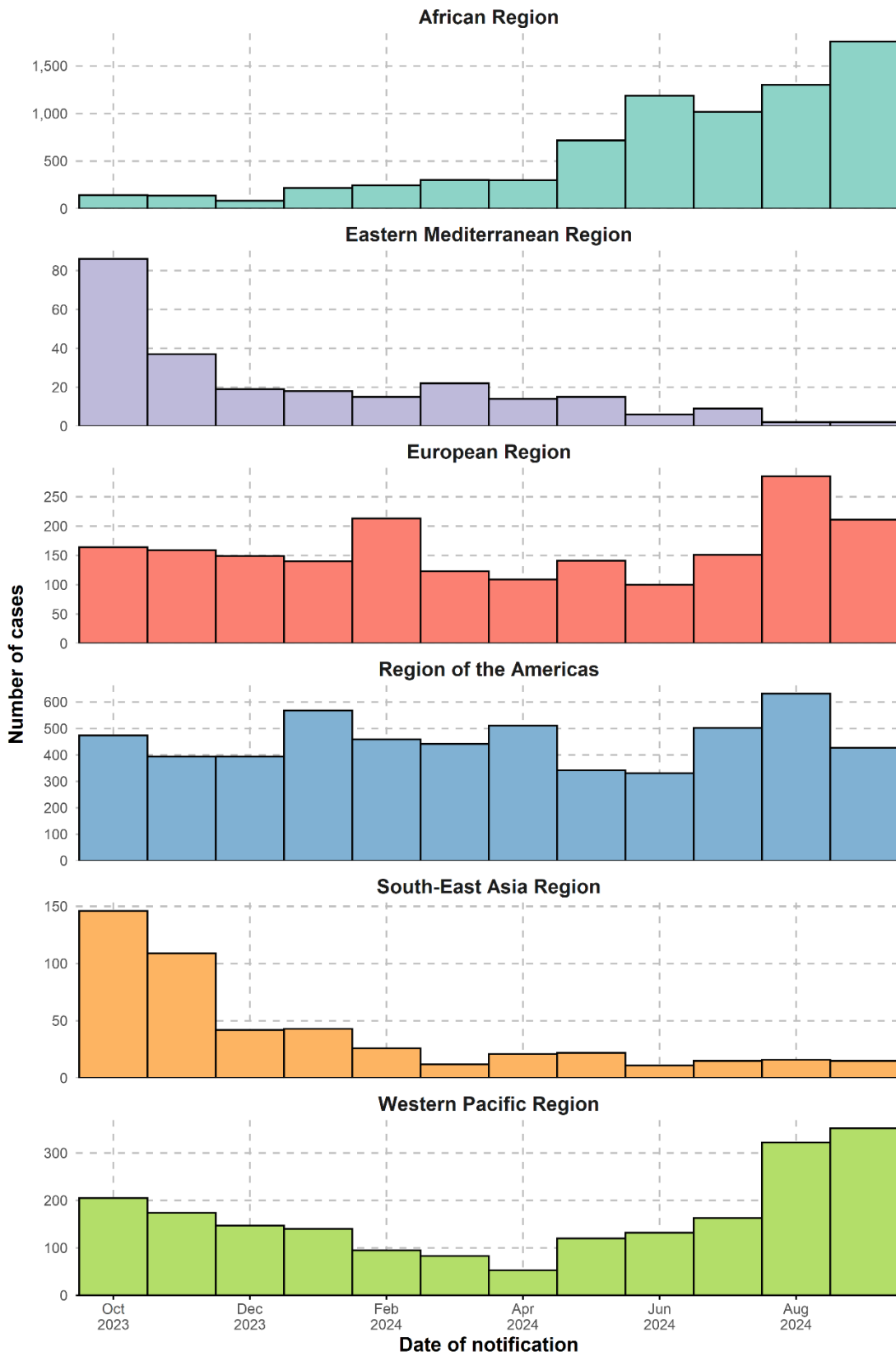
Figure 2 shows that over the past 12 months (1 October 2023 – 30 September 2024), the number of monthly confirmed mpox cases reported in the WHO African Region has been steadily increasing, while the Eastern Mediterranean and Southeast-Asia Regions show a decreasing number of cases. In Europe and in the Americas the trend has remained relatively stable, which a slight increase in August 2024, likely due to an increase in surveillance derived by the declaration of the Public Health Emergency of International Concern. The Western Pacific Region observed a decreasing trend in the first part of 2024, but from May to September the number of mpox cases has been increasing.

In the last 12 months an average of 1462 confirmed mpox cases per month has been reported. Most of them were reported by the African Region, followed by the Region of the Americas, and the Western Pacific.

Outside Africa, the highest number of confirmed cases in September 2024 was reported by Australia. The country is currently experiencing a growing outbreak of clade IIb MPXV, affecting mainly men who have sex with men infected through sexual contact.

**Figure 2.** Epidemic curves of monthly aggregated number of confirmed mpox cases reported to WHO, by WHO region, 1 October 2023 – 30 September 2024.

data as of 30 Sep 2024



Source: WHO

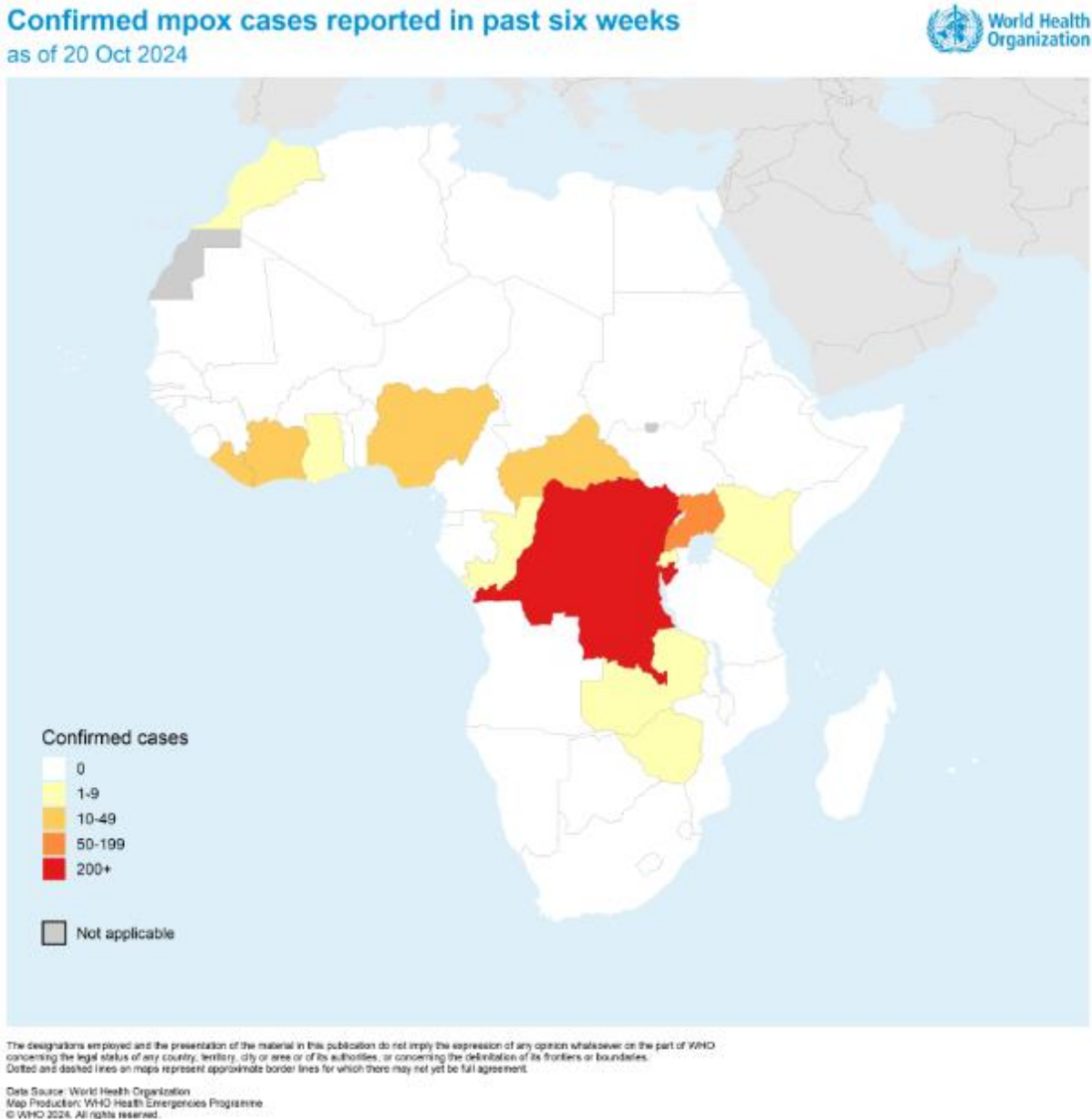
**\*Please note the different Y axis of the regional epidemic curves, in order to allow better overview of the trend in each region.**



## Africa Trends

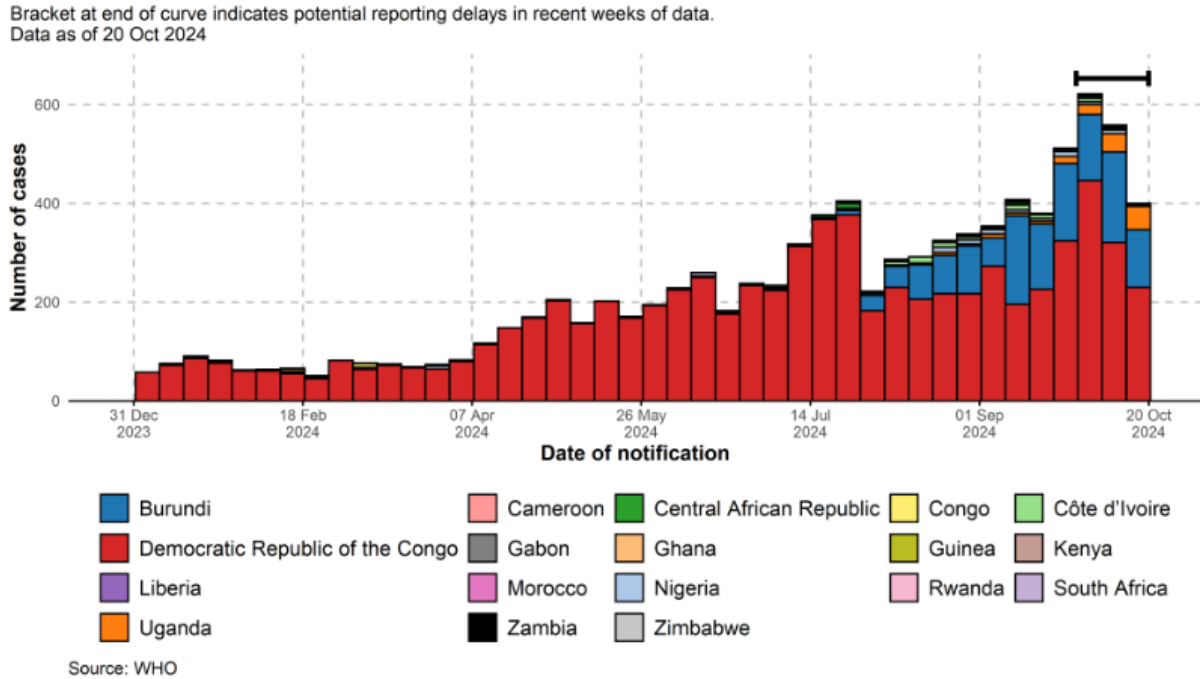
In Africa, as of 20 October, 9320 confirmed cases, including 34 deaths, from 18 countries have been reported in 2024. The most affected country continues to be the Democratic Republic of the Congo (7534 confirmed cases, 25 deaths), followed by Burundi (1287 confirmed cases, no deaths) and Uganda (153 confirmed cases, no deaths). Fourteen countries in Africa have reported mpox cases in the last six weeks (two incubation periods of 21 days) and are considered to have active, ongoing outbreaks (Figure 3). Four countries, Cameroon, Gabon, Guinea, and South Africa have not reported confirmed cases in the last six weeks and are considered to have transitioned into the control phase of their mpox outbreak, as defined in the [Strategic framework for enhancing prevention and control of mpox- 2024-2027](#). Two countries, Zambia and Zimbabwe, reported their first mpox cases ever recorded, but clade information is not yet available. One country, Kenya, has reported its first death among confirmed mpox cases.

**Figure 3.** Geographic distribution of reported confirmed mpox cases in Africa, by country, in the last six weeks (9 September 2024 – 20 October 2024).



The epidemic curve of reported confirmed cases by African country in Figure 4 shows a general rising trend in the number of mpox cases in the continent, driven mainly by cases in the Democratic Republic of the Congo, Burundi, and more recently, Uganda. Data in recent weeks should be interpreted with caution, given the likely delays in reporting.

**Figure 4.** Epidemic curve of weekly reported confirmed mpox cases in Africa, by reporting country, 1 January 2024 – 20 October 2024

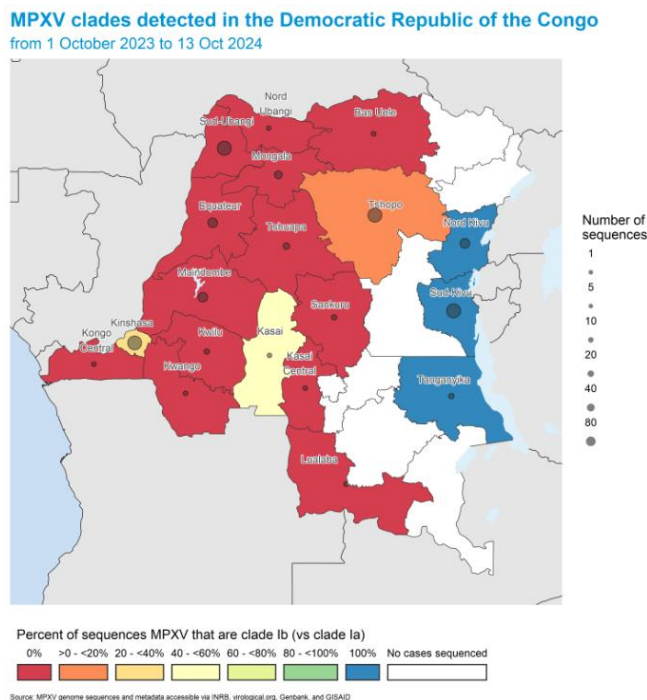


**Focus on the Democratic Republic of the Congo (clade Ia & Ib)**

The mpox outbreaks in the Democratic Republic of the Congo are driven by both clade I MPXV strains, which have been detected in different provinces of the country (Figure 5). So far, clade Ib has been detected in South Kivu, North Kivu, Kinshasa, Kasai, Tshopo and Tanganyika provinces. Most of the other provinces have only reported clade Ia MPXV so far, and a few have not yet sequenced any MPXV samples.

In 2024, around 10% of MPXV positive samples in the country have been sequenced, in line with the country’s testing strategy, but these are not equally distributed between the different affected provinces. Places with better access to PCR testing are more likely to have sequenced samples than those with more limited access to PCR testing, therefore the actual clade distribution could be broader and more nuanced than what is presented in Figure 5.

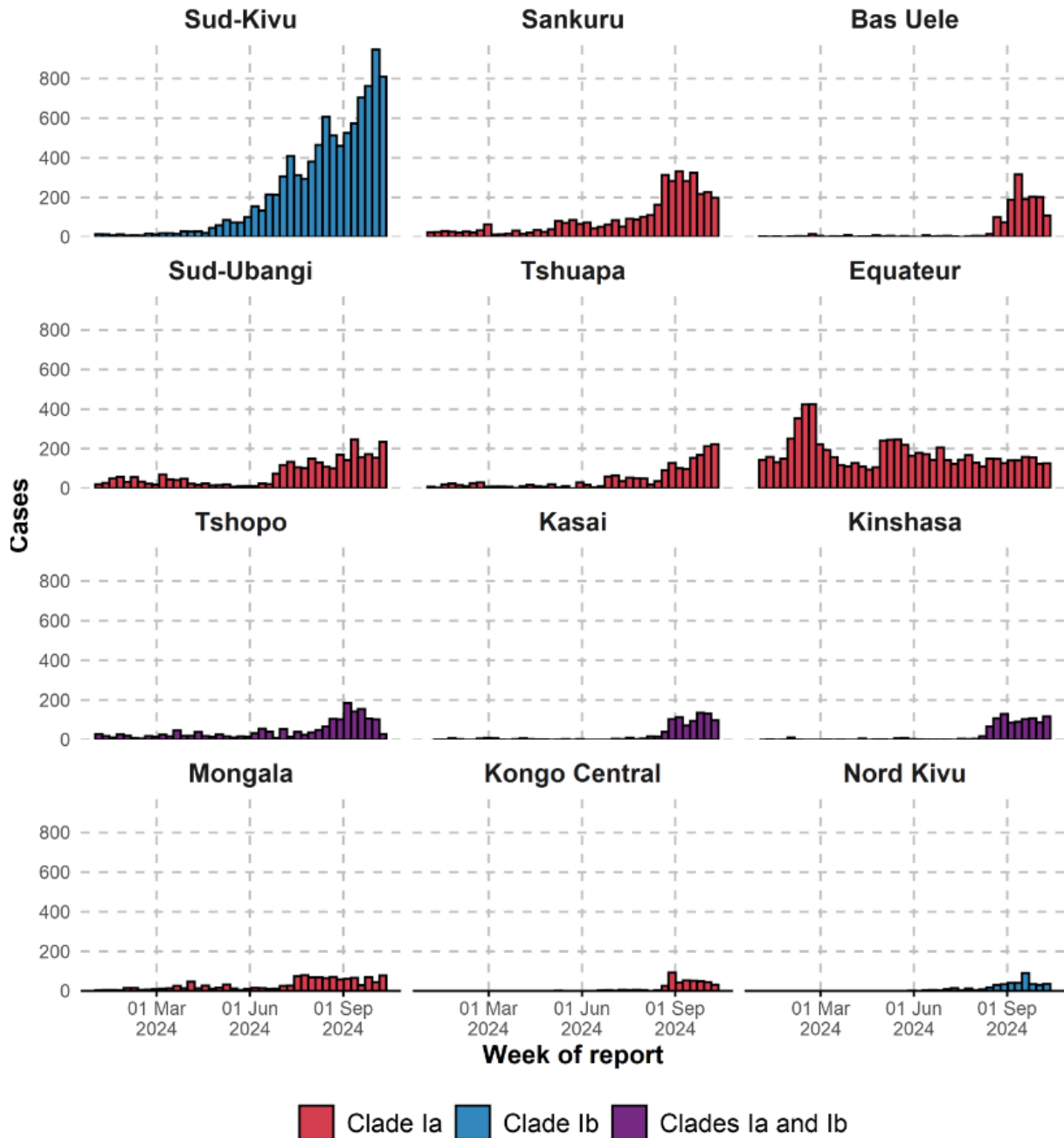
**Figure 5.** Geographical distribution of clade I MPXV subclades in the Democratic Republic of the Congo, by province, from 1 October 2023 to 13 October 2024



When looking at the epidemic trend of suspected mpox cases in the different provinces of the Democratic Republic of the Congo, there is a clear increasing trend for South Kivu, driven by clade Ib MPXV, with more than 800 cases in the last week of complete data available (as of 13 October; Figure 6). Although at a smaller scale than in South Kivu province, the trend of reported cases is increasing in some of the provinces reporting clade Ia or both clade Ia and Ib.

In Equateur, historically the province most affected by mpox in the country, the trend has been relatively stable in the past months, with less than 200 suspected cases a month (Figure 6).

**Figure 6.** Epidemic curve of reported suspected mpox cases in the most affected provinces of the Democratic Republic of the Congo, 1 January – 13 October 2024.



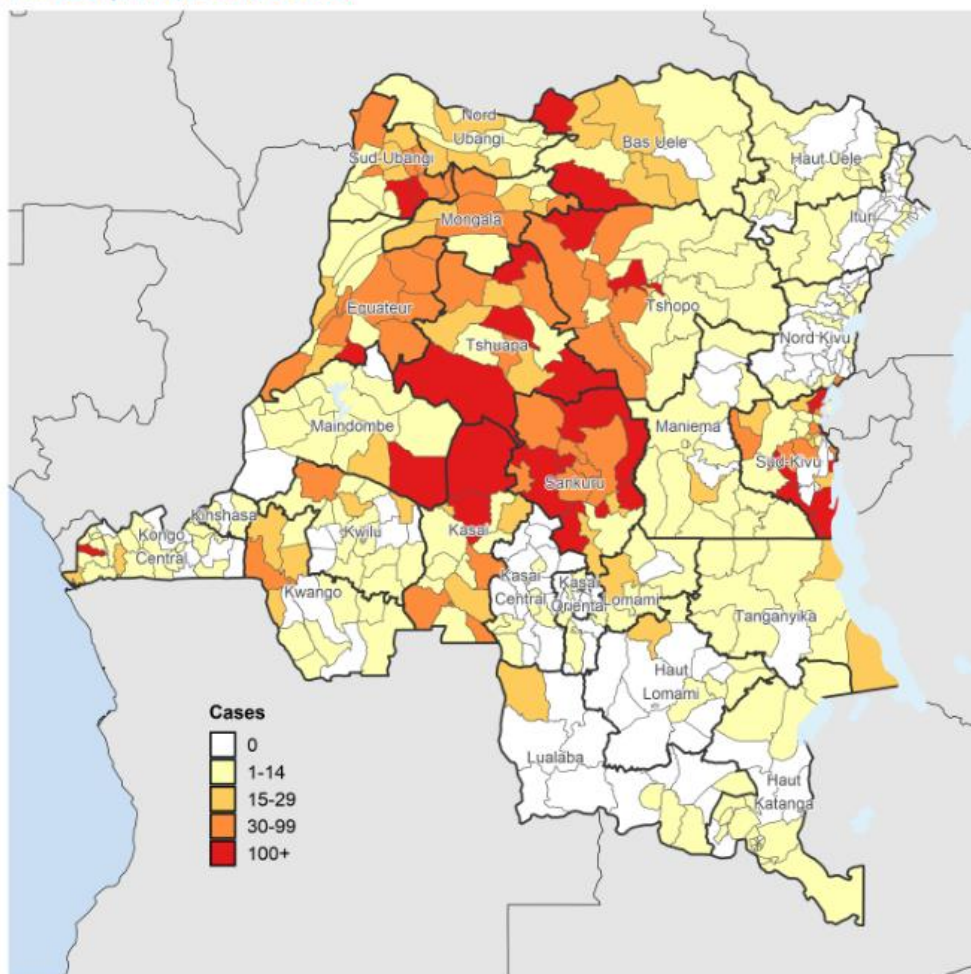
Data source: Democratic Republic of the Congo Ministry of Public Health  
 Data shown for all cases, via syndromic surveillance system.

The upward trend in cases is not homogeneous within those provinces, and transmission is ongoing in a few hotspots within the affected health zones that are in active outbreak status (Figure 7).

**Figure 7.** Geographical distribution of suspected mpox cases in the past 6 weeks, by health zone, in the Democratic Republic of the Congo, 2 September – 13 October 2024.

### Mpox cases in the past six weeks, Democratic Republic of the Congo

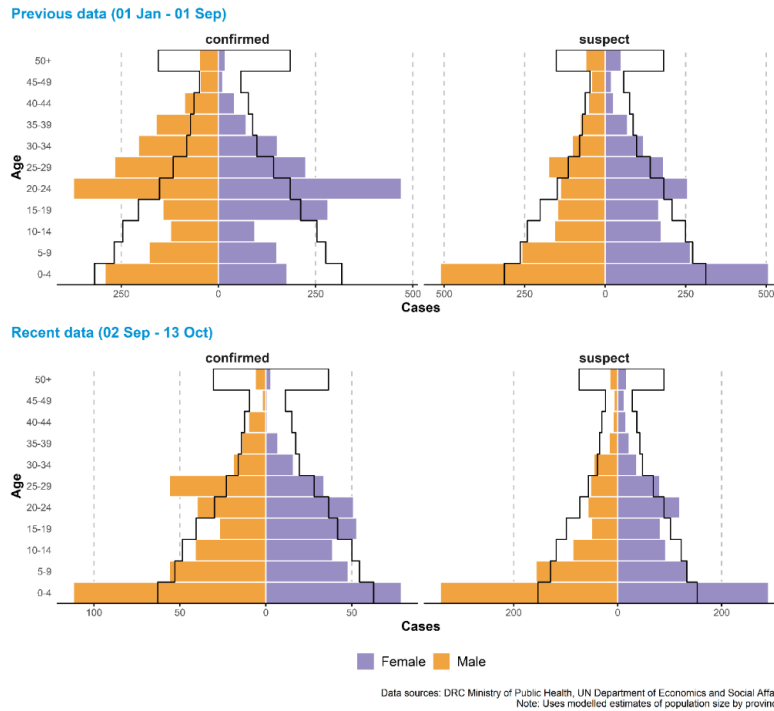
from 02 Sep 2024, as of 13 Oct 2024



Data source: Democratic Republic of the Congo Ministry of Public Health  
Data shown for all cases, via syndromic surveillance system.

The increasing number of cases in South Kivu is due to close human-to-human contact, including sexual contact, and direct close contact in households and communities. While the initial phase of the clade Ib epidemic in the eastern part of the country was mostly affecting adults, as clusters expand in the community and the virus enters more households, the epidemic is affecting both adults and children, reflecting wider community transmission through close contact. This is reflected in the age and sex distribution which, in the last six weeks, has seen an increasing proportion of children affected compared to earlier phases of the epidemic (Figure 8).

**Figure 8.** Age and sex distribution of confirmed and suspected mpox cases in the South and North Kivu provinces, Democratic Republic of the Congo, 1 January – 13 October 2024.

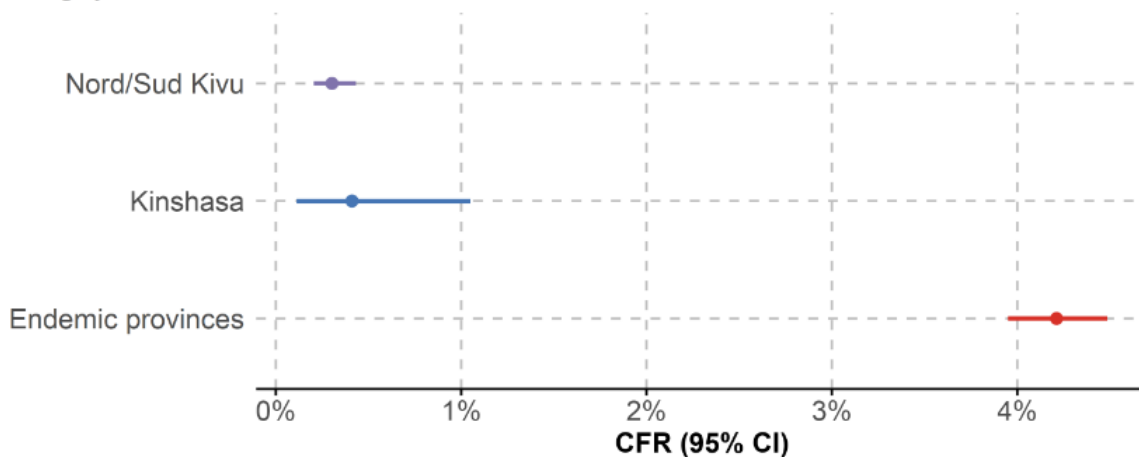


When looking at the case fatality ratio of all suspected cases reported in the country in 2024, there is a difference between the estimate for endemic provinces (>4%), affected mainly by clade Ia, Kinshasa (~0.5%) where both subclades are circulating, and the Kivus (<0.5%) where clade Ib is circulating (Figure 9). It is currently unclear if this difference in case fatality ratio is due to the viral clade, the different affected population, differences in factors such as population vulnerability, healthcare access, demographic characteristics, and case reporting, among others. Of note, the majority of deaths in endemic provinces are among unconfirmed but suspected (clinically compatible) cases due to still-limited access to diagnostic testing in some remote areas.

**Figure 9.** Mpox case fatality ratio estimates and confidence intervals for suspected mpox cases in different areas of the Democratic Republic of the Congo, 1 January – 13 October 2024.

### Case fatality ratio: all cases

Using syndromic surveillance data



Source: Democratic Republic of the Congo Ministry of Public Health

## Other countries reporting cases of mpox due to clade Ib MPXV (beyond the Democratic Republic of the Congo)

As of 23 October 2023, beyond the Democratic Republic of the Congo, eight countries have reported at least one case of clade Ib MPXV (Table 2).

Among these countries only Kenya and Uganda have reported one death each among confirmed mpox cases linked to the outbreak due to clade Ib MPXV.

**Table 2:** Reported confirmed mpox cases and deaths linked to clade Ib MPXV outbreaks reported to WHO, by country, as of 23 October 2024.

| Country  | Number reported confirmed cases | Number of deaths among reported confirmed cases | Geographic distribution   |
|----------|---------------------------------|---|---|
| Burundi  | 1 287                           | 0   | Most health districts   |
| Uganda   | 153                             | 1   | Multiple districts, including capital   |
| Kenya    | 14                              | 1   | Multiple counties, including capital, Points of Entry (PoE) with Tanzania & PoE with Uganda |
| Rwanda   | 6                               | 0   | Three in the capital; three in border district  |
| Sweden   | 1                               | 0   | Travel history to Africa  |
| Thailand | 1                               | 0   | Travel history to Africa  |
| India    | 1                               | 0   | Travel history to UAE   |
| Germany  | 1                               | 0   | Travel history to Africa  |

From the start of the mpox outbreak in July 2024, **Burundi** has reported 1287 confirmed mpox cases, and no deaths so far. Cases have been identified in 42 out of 49 districts, and at least 38 among them are considered to have currently active outbreaks. Almost all suspected mpox cases are tested, and the positivity rate among is approximately 40%. The epidemic remains largely concentrated in- and around Bujumbura, with a bimodal age distribution similar to what is observed overall in South Kivu (higher incidence in young children <5 years and among young and middle-aged adults), suggesting similar epidemic dynamics.

The epidemic in **Uganda** is expanding. Since July 2024, the country has reported 153 confirmed mpox cases and one death (see details below) across 19 affected districts as of 23 October 2024. So far, only clade Ib MPXV, linked to the outbreak in eastern Democratic Republic of the Congo, has been detected in the country. The majority of infections reported is among adults, and there is evidence of sexual contact transmission, identified in at least three hotspot districts, particularly involving sex workers and their networks in Kampala, Wakiso and Nakasongola. As the outbreak expand and the virus enters more households, the number of children cases is increasing. This shift in transmission dynamics from adult cases towards an increasing proportion of household and community transmission has also been previously observed in South Kivu and Burundi. Cases have also been confirmed in at least three schools and two prisons. There is ongoing sustained human-to-human transmission of mpox in the country.

**Kenya** has reported a total of 14 confirmed mpox cases and one death (see details below) from 11 different counties, including one case in the capital Nairobi, as of 20 October 2024. At least 71% (10 of 14 cases) of cases have involved persons with recent history of travel to affected neighbouring countries (usually long-haul truck drivers) and their contacts. The affected counties all lie along the major road transport corridor running from the country's coastline, and across the country, to neighbouring Uganda and Tanzania. This transport corridor is well-known route for transportation of goods from the largest port in Kenya (and the wider eastern Africa) to several countries in the eastern African region.

### First mpox death in Kenya

On the 14 October 2024, the Ministry of Health of Kenya reported the first mpox death, out of the total 14 confirmed cases in the country (case fatality ratio 7%).

The death was reported in Bungoma in an adult male who developed symptoms including rash, fever, and malaise on 9 September 2024. He passed away due to co-morbidities, including meningitis and HIV.

Although the clade information is not yet available for this case, it is likely to have been due to clade Ib MPXV. If confirmed, this would be the first death due to clade Ib MPXV registered outside of the Democratic Republic of the Congo.

### First case of Clade Ib MPXV in Germany

On 18 October 2024, Germany notified WHO that the country had confirmed the first mpox case due to clade Ib MPXV.

The case is an adult male, who reported travel history to an affected country in Africa, where he reported having a sexual contact.

The person travelled to Germany on 3 October and developed ulcers and lesions on 7 October. He presented for care on 12 October and was confirmed with mpox on 17 October. Clade Ib MPXV was identified on 18 October by the reference laboratory for MPXV at the Robert Koch Institute. The patient is isolated in a hospital and follow-up measures have been taken.

Family and healthcare facility contacts have been traced, categorized, informed, offered a post exposure vaccination and are being monitored daily by the responsible local public health authorities.

The risk of further spread of the disease within Germany has been assessed by the responsible authorities as low due to the public health measures in place. This assessment will be reviewed in the event of new investigative findings.

### First mpox death in Uganda

On the 23 October 2024, the Ministry of Health of Uganda reported the first mpox death in the country of the 153 confirmed cases recorded (case fatality rate, 0.7%).

The death was reported in Masindi district in an immunocompromised adult living with HIV.

Clade information for this case is not available; it is however the second death in East Africa associated with an ongoing clade Ib outbreak outside the Democratic Republic of the Congo the death (14 October 2024).

### Detection of first mpox cases in Zimbabwe

On 12 October 2024, the Ministry of Health and Child Care in Zimbabwe confirmed two mpox cases in the country: one in Harare and one in Mberengwa.

The first case is a child, who had travel history to South Africa in August 2024. He returned to Zimbabwe on 10 September and reported to a local rural clinic on 23 September with symptoms including an extensive rash and swollen lymph nodes. Samples were collected on 26 September and infection with MPXV was confirmed on 12 October. Six contacts associated with this case have been identified and are being monitored. None has developed symptoms so far.

The second case is an adult male with a history of travel to neighbouring Tanzania from 14 September – 21 September 2024, after which returned to Zimbabwe. On 30 September, the individual developed symptoms, a localized rash on the hands, which worsened, and vesicles appeared also on the face. On 2 October a sample was collected in a healthcare facility and MPXV infection was confirmed on 12 October. Eleven contacts associated with this case have been identified and are being monitored.

No mpox cases have been reported in neighbouring Tanzania.

Both cases are no longer infectious and are stable and recovering in isolation at home, receiving appropriate care. Clade identification for both cases is pending.

Response measures are ongoing, including update of the mpox preparedness and response plan, activation of the national and sub-national Incident Management Teams, training of healthcare workers, distribution of case definitions to all health facilities in Harare, finalization of surveillance tools, conducting of awareness campaigns, enhancing surveillance at the ports of entry, and establishing isolation centres.

### **Increase in cases in Cote d'Ivoire**

The country reported its first mpox case in June 2024 and is currently at 80 confirmed cases and one death (CFR 1.3%). Cases are distributed across at least 30 districts, including the capital Abidjan, and with multiple clusters of transmission ongoing as new cases are reported each week. Clade IIa MPXV was confirmed in around 20 samples sequenced. Affected age groups include both children and adults and around two thirds of cases are males. While no details are available on the modes of transmission, based on currently available epidemiological information, there appears to be ongoing sustained community transmission of mpox.



## Global operational updates

The WHO health emergency prevention, preparedness, response and resilience (HEPR) framework underpins both the [Strategic Framework for enhancing prevention and control of mpox \(2024-2027\)](#) and the current emergency response to the mpox Public Health Emergency of International Concern (PHEIC).

Aligned with the HEPR framework, the WHO [Global Strategic Preparedness and Response Plan](#) (SPRP) for mpox focuses on strengthening five core components—the **5Cs**:

1. **Emergency coordination:** Efficient coordination for timely crisis response.
2. **Collaborative surveillance:** Real-time data integration for early threat detection.
3. **Community protection:** Engaging communities in prevention and resilience-building measures.
4. **Safe and scalable care:** Equipping health systems to provide essential care with scalable capacity.
5. **Access to and delivery of countermeasures:** Ensuring equitable distribution of medical countermeasures.

This section provides updates on the WHO global mpox response **as of 18 October 2024**.

### 1. Emergency coordination

- WHO has provided briefings on the latest epidemiological situation, risk assessment and plans to partners, experts, advisory groups and committees, including the [Global Health Emergency Corps](#); operational partners; technical networks; communities of practice; and others. These briefings are critical for ensuring coordinated action, informed decision-making, and a unified response.

### 2. Collaborative surveillance

- Epidemiological data on mpox in Africa are updated weekly and can be accessed on the WHO surveillance report [here](#). The latest update includes the monthly update to the global surveillance data, which can specifically be found [here](#).
- The latest update of the surveillance report, in agreement with the Ministry of Public Health of the Democratic Republic of the Congo, shows [detailed updates and subnational surveillance information](#) for the country. This will support to better inform partners and the public on the epidemiological situation in the most affected country.
- The mpox transmission protocol was translated to French and distributed to collaborating partners. For more information and in order to get a copy please contact [mpox@who.int](mailto:mpox@who.int) and [emergency-surveillance@who.int](mailto:emergency-surveillance@who.int).
- The WHO Technical Advisory Group on Virus Evolution was convened, briefed on the latest mpox epidemiological updates, and evaluated the latest evidence available on clade Ib MPXV.

### 3. Community protection

- The community protection cluster supports community-centred response to mpox through coordination across technical areas, including risk communication and community engagement (RCCE), infodemic management, community service delivery, community-based infection prevention and control (IPC) and water, sanitation and hygiene (WASH), human-animal interface, surveillance at border crossings and points of entry, and vaccination.
- WHO and the United Nations Children’s Fund (UNICEF) convened the WASH in Public Health Emergencies Network (27 organizations and more than 45 members) to review global mpox situation and provide guidance on WASH and IPC in healthcare facilities, home care, schools, and congregate settings.
- WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR), International Labour Organization (ILO), International Organization for Migration (IOM), and the World Food Programme (WFP) published the [Public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants](#) on 14 October 2024.
- On 15 October, ‘[Gatherings in the context of the 2024 mpox outbreak: Public health guidance](#)’ was published. This document introduces effective risk mitigation strategies for health authorities, event

organizers, and event attendees. This document introduces effective risk mitigation strategies for health authorities, event organizers, and event attendees.

- WHO, in collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC), held an EPI-WIN [webinar](#) on keeping patients and health workers safe while caring for patients with mpox on 14 October 2024. During the webinar, the speakers shared the WHO IPC and WASH recommendations and available tools for healthcare settings where care for patients with suspected or confirmed mpox is provided and practical experiences implementing IPC measures and strengthening WASH services in health facilities during the mpox response.
- The [Collective Service](#) interagency initiative between WHO, the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, and the Global Outbreak Alert and Response Network (GOARN) hosted a Global Risk Communication and Community Engagement (RCCE) call for partners working on RCCE in the mpox response on 15 October 2024.
- WHO convened the Mpox Community Protection Partners Global Coordination Network on 18 October 2024 for themed discussions on the importance of community voices in the mpox response, with a focus on social listening and infodemic management.
- WHO convened the Global Community Protection Reference Group on 18 October 2024 for themed discussions on lived mpox experience.
- On 18 October 2024, WHO and UNICEF, published an interim operational guide on [IPC and WASH measures for home care and isolation for mpox in resource-limited settings](#) developed with the support from several partners under the IPC Public Health Emergency Working Group.

#### 4. Safe and scalable care

- WHO is providing technical support to countries for IPC and WASH activities for mpox response through provision of technical guidance, including home isolation for low-resource settings, developed in collaboration with UNICEF.
- An IPC and WASH rapid assessment tool for health facilities has been disseminated to countries responding to mpox to identify gaps in IPC and WASH and work towards improvement.

#### 5. Access to and delivery of countermeasures

##### Vaccines

- The Technical Advisory Committee for mpox vaccine Emergency Use Listing will meet on 28 October to examine LC16m8.
- About 5.9 million vaccine doses have been pledged, up to 2.5 million doses of which have been pledged through the Access and Allocation Mechanism (AAM). About 600 000 doses of the Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN) vaccine are available and ready to be allocated and shipped for the month of October. Additional doses will become available throughout the rest of the year.
- Countries will submit their updated vaccination plans to the continental Incident Management Support Team (IMST). Specific targeted requests will be matched with supply.
- The independent technical review committee (TRC) made their first allocation recommendation of vaccines pledged to the mpox Access and Allocation Mechanism (AAM). The TRC will review country vaccination plans on a rolling basis following review of the continental IMST.
- WHO offers technical support to national regulatory authorities to facilitate issuing their emergency use authorization of MVA-BN vaccines upon request.
- As targeted vaccination with MVA-BN vaccines is rolled out, WHO encourages all countries to systematically monitor adverse events following immunization and submit data to the WHO global database for analysis and signal detection.

##### Diagnostics

- On 14 October, WHO approved a second mpox diagnostic test, [Cobas MPXV Qualitative assay](#), for Emergency Use Listing and is currently ready to approve the third mpox diagnostic test for Emergency Use Listing.
- As of 24 October, WHO is assessing two other dossiers and expecting to receive two other dossier submissions.

- WHO offers pre-submission calls to manufacturers interested in the WHO Emergency Use Listing Procedure (EUL) and supports countries in facilitating registration of diagnostics which are listed for EUL.
- The Access and Allocation Mechanism (AAM) diagnostics consortium held its second meeting on 14 October 2024. Issues discussed included the review of the Terms of Reference for the diagnostics AAM, updates on EUL for MPXV diagnostics, updates on the Foundation for Innovative New Diagnostics (FIND) Request for Proposals on MPXV diagnostics, and updates on MPXV diagnostics logistics and supplies.

## Special focus

### Mpox literature repository

The Public Health Agency of Canada (PHAC) has resumed its systematic screening of mpox literature and data extraction efforts, which were originally initiated in 2022. This resource has been an invaluable tool for staying up to date with the latest mpox-related publications and enhancing technical outputs globally.

The project was paused in April 2024 due to a global decline in mpox cases but has now been revived to support ongoing global mpox response efforts. The work is being led by the PHAC, and the output is freely accessible through an [online file](#).

The file is organized into several sheets, including:

- **Indexed Mpox Literature:** A comprehensive list of extracted articles.
- **Grey Literature – Select Reports:** A curated selection of grey literature (updates are paused).
- **Methods:** A summary of the methodology used for database searches.
- **Duplicate Log:** A list of duplicate articles identified during searches.
- **Epidemiological Parameters – Extracted:** A collection of studies with relevant epidemiological parameters, which were extracted by WHO in 2022-23, with possible resumption in the future.

PHAC will screen literature on a weekly basis, with updates available every Wednesday. Additionally, publications from April 2024 onwards will be retrospectively included in the resource. This initiative continues to be a valuable contribution to the global public health community.

### WHO Public Health Advice for schools

During the last week, WHO published the [Interim Public Health Advice for Mpox-Related Prevention and Control Measures in School Settings](#) which provides detailed guidance on mitigating the spread of mpox in educational environments. The document focuses on measures to prevent transmission, particularly the care and isolation of students or staff who may have been exposed to or are suspected of having mpox. It underscores the importance of early identification, proper isolation, and management to reduce the risk of outbreaks within school settings.

The guidance also includes recommendations for effectively communicating with parents, guardians, and students, ensuring that everyone is informed about mpox symptoms, preventive measures, and response actions. This communication is critical to maintaining transparency and reducing fear or stigma related to the disease.

The target audience for this document includes a wide range of stakeholders, such as emergency responders, national and local education authorities, school faculty and staff, as well as local health authorities, including public health officers, healthcare workers, and community health workers. The document aims to create a collaborative response that ensures the health and safety of the school community through prompt action, adequate preparedness, and continuous education.

By providing clear protocols and actionable advice, WHO seeks to empower schools and health authorities to work together in preventing the spread of mpox, while maintaining a safe and conducive learning environment for students and staff alike.

## Mpox resources

### Strategic planning and global support

- WHO mpox global strategic preparedness and response plan. Updated 6 September 2024. Available at: <https://www.who.int/publications/m/item/mpox-global-strategic-preparedness-and-response-plan>
- Mpox continental preparedness and response plan for Africa: <https://africacdc.org/download/mpox-continental-preparedness-and-response-plan-for-africa/>
- WHO appeal: mpox public health emergency 2024, 27 August 2024. Available at: <https://www.who.int/publications/m/item/who-appeal--mpox-public-health-emergency-2024>
- Strategic framework for enhancing prevention and control of mpox (2024-2027). May 2024. Available at: <https://www.who.int/publications/i/item/9789240092907>

### International Health Regulations Emergency Committee, Review Committee and recommendations of the Director-General

- First meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024, 19 August 2024. [https://www.who.int/news/item/19-08-2024-first-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-upsurge-of-mpox-2024](https://www.who.int/news/item/19-08-2024-first-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-upsurge-of-mpox-2024)
- Extension of the standing recommendations for mpox issued by the Director-General of the World health organization (WHO) in accordance with the International Health Regulations (2005) (IHR), 21 August 2024. [Extension of the standing recommendations for mpox issued by the Director-General of the World health organization \(WHO\) in accordance with the International Health Regulations \(2005\) \(IHR\)](https://www.who.int/news/item/21-08-2024-extension-of-the-standing-recommendations-for-mpox-issued-by-the-director-general-of-the-world-health-organization-(who)-in-accordance-with-the-international-health-regulations-(2005)-(ihr))
- Standing recommendations for mpox issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005) (IHR), 21 August 2023. [https://www.who.int/publications/m/item/standing-recommendations-for-mpox-issued-by-the-director-general-of-the-world-health-organization-\(who\)-in-accordance-with-the-international-health-regulations-\(2005\)-\(ihr\)](https://www.who.int/publications/m/item/standing-recommendations-for-mpox-issued-by-the-director-general-of-the-world-health-organization-(who)-in-accordance-with-the-international-health-regulations-(2005)-(ihr))

### Regional information products

- WHO Africa Regional Office, Regional Mpox Bulletin: 20 October 2024. <https://iris.who.int/bitstream/handle/10665/379342/AFRO-Mpox%20bulletin%20-%2020%20October%202024.pdf>
- WHO, African Centres for Disease Prevention and Control (CDC): Mpox Joint Africa CDC – WHO SITREP, 16 October 2024. <https://africacdc.org/download/mpox-epidemic-in-africa-01-september-29-september-2024/>

### Surveillance

- Surveillance, case investigation and contact tracing for mpox: Interim guidance. 20 March 2024. <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2024.1>
- Mpox Case Investigation Form (CIF) and minimum dataset Case Reporting Form (CRF), 5 September 2024. [https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-\(crf\)](https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf))
- WHO Go.Data: Managing complex data in outbreaks. <https://www.who.int/tools/godata>
- Technical Guidelines for Integrated Disease Surveillance and Response in the African Region: Third edition, March 2019. <https://www.afro.who.int/publications/technical-guidelines-integrated-disease-surveillance-and-response-african-region-third>

### Laboratory and diagnostics

- WHO issues the Emergency Use Authorization of the Cobas MPXV Qualitative assay, 15 October 2024. <https://extranet.who.int/prequal/news/second-mpox-ivd-listed-under-who-emergency-use-listing-procedure>

- WHO issues the Emergency Use Authorization of the Alinity m MPXV, 03 Oct 2024. <https://www.who.int/news/item/03-10-2024-who-approves-first-mpox-diagnostic-test-for-emergency-use--boosting-global-access>
- WHO Guidance on regulations for the transport of infectious substances 2023 – 2024, 13 June 2024. <https://www.who.int/publications/i/item/789240089525>
- Diagnostic testing for the monkeypox virus (MPXV): interim guidance, 10 May 2024. <https://www.who.int/publications/i/item/WHO-MPX-Laboratory-2024.1>
- Genomic epidemiology of mpox viruses across clades. <https://nextstrain.org/mpox/all-clades>
- WHO Biohub System. <https://www.who.int/initiatives/who-biohub>
- Mpox Q&A on mpox testing for health workers, 11 December 2023. <https://www.who.int/news-room/questions-and-answers/item/testing-for-mpox--health-workers>

## Clinical management and infection, prevention and control

- Infection prevention and control and water, sanitation and hygiene measures for home care and isolation for mpox in resource-limited settings. Interim operational guide, 18 October 2024. <https://www.who.int/publications/i/item/infection-prevention-and-control-and-water--sanitation-and-hygiene-measures-for-home-care-and-isolation-for-mpox-in-resource-limited-settings>
- WHO mpox screening form for healthcare facilities entrance <https://cdn.who.int/media/docs/default-source/ipc--wash/mpox-screening-form-for-healthcare-facility-entrances.pdf>
  - Posters on screening [?sfvrsn=3893b9b2\\_3&download=true](https://cdn.who.int/media/docs/default-source/ipc--wash/mpox-screening-form-for-healthcare-facility-entrances.pdf?sfvrsn=3893b9b2_3&download=true)
- Posters for health and care workers.
  - [Steps to put on PPE for mpox](#) (16 August 2024)
  - [Steps to remove PPE for mpox](#) (16 August 2024)
- Clinical characterization of mpox including monitoring the use of therapeutic interventions: statistical analysis plan, 13 October 2023. [https://www.who.int/publications/i/item/WHO-MPX-Clinical-Analytic\\_plan-2023.1](https://www.who.int/publications/i/item/WHO-MPX-Clinical-Analytic_plan-2023.1)
- The WHO Global Clinical Platform for mpox. <https://www.who.int/tools/global-clinical-platform/monkeypox>
- Atlas of mpox lesions: a tool for clinical researchers, 28 April 2023. <https://apps.who.int/iris/bitstream/handle/10665/366569/WHO-MPX-Clinical-Lesions-2023.1-eng.pdf>
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>
- Emergency use of unproven clinical interventions outside clinical trials: ethical considerations, 12 April 2022. <https://www.who.int/publications/i/item/9789240041745>
- WHO 5 moments for hand hygiene. <https://www.who.int/campaigns/world-hand-hygiene-day>

## Vaccination

- WHO grants prequalification of age-extension of MVA-BN mpox vaccine to adolescents aged 12 to 17 years, 18 October 2024. <https://extranet.who.int/prequal/news/who-grants-approval-use-bavarian-nordics-mpox-vaccine-adolescents>
- WHO AFRO Mpox Vaccination Preparation Roadmap. 27 September 2024. <https://www.afro.who.int/publications/mpox-vaccination-preparation-roadmap-27-september-2024#:~:text=The%20Mpox%20Vaccination%20Preparation%20Roadmap,efficiently%20once%20they%20are%20accessed.>
- WHO prequalifies MVA-BN mpox vaccine. 13 September 2024. <https://www.who.int/news/item/13-09-2024-who-prequalifies-the-first-vaccine-against-mpox>
- Smallpox and mpox vaccine patient information leaflet: [fvp-p-479-mpox-1dose-bn-pi-2024-1.pdf](https://www.who.int/publications/i/item/fvp-p-479-mpox-1dose-bn-pi-2024-1.pdf) ([who.int](https://www.who.int))
- Smallpox and mpox (orthopoxviruses): WHO position paper. 23 August 2024. <https://www.who.int/publications/i/item/who-wer-9934-429-456>

- Meeting of the Strategic Advisory Group of Experts on Immunization (SAGE), 11 – 13 March 2024: conclusions and recommendations. <https://iris.who.int/handle/10665/376934>
- WHO Vaccines and immunization for monkeypox: Interim guidance, 16 November 2022. <https://apps.who.int/iris/bitstream/handle/10665/364527/WHO-MPX-Immunization-2022.3-eng.pdf>

## Risk communication and community engagement and public health advice

- Public health advice for mpox prevention and control in school settings (WHO African regional office). October 2024, Interim Public Health Advice for Mpox-Related Prevention and Control Measures in School Settings <https://www.afro.who.int/publications/interim-public-health-advice-mpox-related-prevention-and-control-measures-school>
- Public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants, 14 October 2024. <https://www.who.int/publications/m/item/public-health-advice-on-mpox-for-people-living-in-camps--refugee-populations--internally-displaced-people-and-migrants>
- Public health advice for sex workers on mpox, 18 September 2024. <https://www.who.int/publications/m/item/public-health-advice-for-sex-workers-on-monkeypox>
- Interim public health advice for mpox-related prevention and control measures in school settings, September 2024. <https://www.afro.who.int/publications/interim-public-health-advice-mpox-related-prevention-and-control-measures-school>
- Mpox Factsheet, 26 August 2024. <https://www.who.int/news-room/fact-sheets/detail/mpox>
- Mpox Q&A, 17 August 2024. <https://www.who.int/news-room/questions-and-answers/item/mpox>
- Risk communication and community engagement readiness and response toolkit: mpox, 23 April 2024. <https://www.who.int/publications/i/item/9789240091559>
- Mpox Q&A on mpox testing for individuals and communities, 11 December 2023. <https://www.who.int/news-room/questions-and-answers/item/testing-for-mpox--individuals-and-communities>
- Infographic on getting tested for mpox, 27 February 2023. <https://www.who.int/multi-media/details/getting-tested-for-mpox--what-you-need-to-know>
- Gatherings in the context of the 2024 mpox outbreak: Public health guidance, 15 October 2024. <https://iris.who.int/handle/10665/379242>
- Public health advice on mpox and congregate settings: settings in which people live, stay or work in proximity, 20 March 2023. <https://www.who.int/publications/m/item/public-health-advice-on-mpox-and-congregate-settings--settings-in-which-people-live--stay-or-work-in-proximity>
- Public health advice for gay, bisexual and other men who have sex with men and mpox. Version 3. 9 March 2023. <https://www.who.int/publications/m/item/monkeypox-public-health-advice-for-men-who-have-sex-with-men>
- Public health advice on mpox and sex-on-premises venues and events, 01 March 2023. <https://www.who.int/publications/m/item/public-health-advice-on-mpox-%28monkeypox%29-and-sex-on-premises-venues-and-events>
- Public health advice on understanding, preventing and addressing stigma and discrimination to monkeypox, 1 September 2022. <https://www.who.int/publications/m/item/communications-and-community-engagement-interim-guidance-on-using-inclusive-language-in-understanding--preventing-and-addressing-stigma-and-discrimination-related-to-monkeypox>
- Public health advice for gatherings during the current monkeypox outbreak, 28 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Gatherings-2022.1>
- Risk communication and community engagement (RCCE) for monkeypox outbreaks: Interim guidance, 24 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-RCCE-2022.1>

## One Health and animal health

- World Organization for animal health (WOAH) statement on novel mpox, 23 August 2024. <https://www.woah.org/en/woah-statement-on-novel-mpox/>

- WOH Risk guidance on reducing spillback of monkeypox virus from humans to wildlife. Pet Animals and other Animals, September 2022. <https://www.woah.org/app/uploads/2022/12/woah-mpox-guidelines-en.pdf>
- WOH Website and FAQs on mpox, 12 August 2022. <https://www.woah.org/en/disease/mpox/>

## Training and education

- Health topics – mpox: <https://www.who.int/health-topics/monkeypox>
- Mpox Fact Sheet, 26 August 2024. <https://www.who.int/news-room/fact-sheets/detail/mpox>
- Mpox Q&A, 17 August 2024. <https://www.who.int/news-room/questions-and-answers/item/mpox>
- Mpox “What we know”: infographics: English: <https://www.who.int/multi-media/details/mpox-what-we-know> French: [https://cdn.who.int/media/docs/default-source/documents/emergencies/outbreak-toolkit/mpox-infographic-fr-v03.pdf?sfvrsn=a4dac1d\\_1](https://cdn.who.int/media/docs/default-source/documents/emergencies/outbreak-toolkit/mpox-infographic-fr-v03.pdf?sfvrsn=a4dac1d_1)
- OpenWHO. Online training module. Monkeypox: Introduction. [https://www.who.int/health-topics/monkeypox#tab=tab\\_1](https://www.who.int/health-topics/monkeypox#tab=tab_1)
  - English: <https://openwho.org/courses/monkeypox-introduction>
  - Français: <https://openwho.org/courses/variole-du-singe-introduction>
- OpenWHO. Extended training. Monkeypox epidemiology, preparedness and response. 2021.
  - English: <https://openwho.org/courses/monkeypox-intermediate>
  - Français: <https://openwho.org/courses/variole-du-singe-intermediaire>
- OpenWHO. Mpox and the 2022-2023 global outbreak
  - English: <https://openwho.org/courses/mpox-global-outbreak-2023>
- VigiMobile training video: <https://www.youtube.com/watch?v=UBfnBKRkAu0>
- Adverse Event Following Immunization (AEFI) causality assessment methodology: <https://www.who.int/publications/i/item/9789241516990>
- Adverse Event Following Immunization (AEFI) causality assessment software: <https://gvs-i-ae-fi-tools.org/>
- eLearning courses on vaccine safety monitoring <https://who.csod.com/selfreg/register.aspx?c=ae-fi%20causality%20assessment>
  - Vaccines safety basics
  - Adverse Event Following Immunization (AEFI) data management
  - AEFI investigation
  - AEFI causality assessment

## Other resources

- WHO mpox outbreak toolbox, July 2024. <https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/mpox-outbreak-toolbox>
- Responding to the global mpox outbreak: ethics issues and considerations: a policy brief, 19 July 2023. [https://www.who.int/publications/i/item/WHO-Mpox-Outbreak\\_response-Ethics-2023.1](https://www.who.int/publications/i/item/WHO-Mpox-Outbreak_response-Ethics-2023.1)
- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies. <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>

**Disclaimer:** Caution must be taken when interpreting all data presented, and differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. All counts are subject to variations in case detection, definitions, laboratory testing, and reporting strategies between countries, states and territories.



## Annex 1. Additional context and latest Rapid Risk Assessment

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On 14 August 2024, under the International Health Regulations (2005), the WHO Director-General declared that the increase in mpox cases in the Democratic Republic of the Congo and its expansion to neighboring countries constitutes a [public health emergency of international concern \(PHEIC\)](#). This spread represents a public health risk to other Member States and requires a coordinated international response.

This increase in mpox cases, particularly in eastern Democratic Republic of the Congo, is associated with the emergence of clade Ib MPXV, which is spreading through sustained human-to-human transmission without evidence of zoonotic exposure. Although genomic sequencing capacity is low in some settings, clade Ib appears to be the predominant strain in the North and South Kivu provinces of the Democratic Republic of the Congo, Burundi, Rwanda, Kenya and Uganda, and has been confirmed in imported cases in Sweden, Thailand and India.

WHO conducted the latest global mpox rapid risk assessment in early August 2024. Based on information available at the time, the mpox risk of geographical spread and potential impact on health were assessed as follows:

- In the eastern Democratic Republic of the Congo and neighbouring countries: **high**.
- In areas of the Democratic Republic of the Congo where mpox is endemic: **high**.
- In Nigeria and other countries of West, Central and East Africa where mpox is endemic: **moderate**.
- In all other countries in Africa and around the world: **moderate**  
(in selected countries or regional bloc assessments, risk may vary and/or be assessed as low).

Individual-level risk is largely dependent on individual factors such as exposure risk and immune status, regardless of geographic area, epidemiological context, biological sex, gender identity or sexual orientation.